|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No Claims/Material Changes Declaration** | | | | | | | | | |
|  | | | | | | | | | |
| **To Be Completed by Insured** | | | | | | | | | |
|  | | | | | | | | | |
| Risk Number (if applicable) | | | | |  | | | | |
|  | | | | |  | | | | |
| Coverage Applicable | | | | |  | | | | |
|  | | | | | | | | | |
| I/We declare that after enquiry, the information given in the proposal form/declaration dated (mm/dd/yyyy) | | | | | | | | | |
| /     / | | | | has not materially altered and that there have been no known or reported losses | | | | | |
| or circumstance which might give rise to a claim. | | | | | | | | | |
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|  |  | | | | | | | | |
|  | Applicant | |  | | | | Title/Position | |  |
|  |  | | | | | | | | |
|  | Applicant Signature | | | | |  | | Date |  |
|  |  | | | | | | | | |
|  | Agent/Broker Name | | | | |  | | | |
|  |  | | | | |  | | | |
| **Note** | | If circumstances have changed, please contact your underwriter with complete details. | | | | | | | |